##

**Online Course Loading Sheet**

**(Lethbridge College DL & eCampus AB)**

**Return to Scheduling Office**

**SCHEDULING OFFICE**

3000 College Dr. S

Lethbridge Alberta T1K 1L6

Tel: 403-320-3286

scheduling@lethbridgecollege.ca

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| **Submitted by:** |       |
| **Phone #:** |       |

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| --- | --- | --- |
|  | **Add year (YY) to term:** |  |
| **Section ID:**       |  **Fall (YY- FL):**       |  **Open to ALL:**       |
|  | **Winter (YY-WN):**       | **Dept (Provided by):**       |
| **Title:**       | **Spring (YY-SM):**       |  **Dept (Provided to):**       |

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|  **Assign Instructor to Applicable Term(s) using (Y or N):** |
|  **Instructor “s”#** | **Instructor Name** | **Instructor Method** | **% Instructor Load** | **Contact Hours** | **FL** | **WN** | **SM** |
|       |       |       |       |       |       |       |       |
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| Section Start/End Date:      /    /    -      /    /     (YYYY / MM / DD) (YYYY / MM / DD) | # of Wks: |    | Tuition Rate Flag: |    |

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|   |  | Course Section Limit: |    |
| **Scheduling Office Use Only:** |  |
|  Web Registration Rule: |  | Reg Alert: |  |

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| --- | --- | --- |
| GL Number: |      -     -      | \_\_\_\_\_ GL Override - **Centre Business Analyst initial required** |
| Sponsor Code: |       | Sponsor ID:       |

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| **Scheduling Office Use Only**: | AR Code: | AR Amount: | AR Calc Type: |
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| **Printed Comments:** these display on the student schedule and printed timetables – **wording MUST fit on two lines with max 25 characters per line, including spaces, and no word wrap:** |

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| **Scheduling Office Use Only:** | Colleague: | eCampus: | Entered by: | Date: |

 2014/04/14